FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 425959

1. Corporation Name

BABA C	OVE, INC.				
	•				I KORINI SKONO AKOON OKKIO NOKIO KANGA KANGA BIRKA BIRKA BIRKA BIRKA BIRKA BIRKA BIRKA BIRKA BIRKA KANGA KANGA
Principal Plac	ce of Business	Mailing Address			T 100151 AIĞIN 15001 AIŞID 10LDL BITTO ANTI BIDCI DIŞIL BIRLI BIRL
8100 W OAKL	AND PK RI VO	8100 W OAKLAND PK BLVD	1	ă.	
SUNRISE FL 33351 SUNRISE FL 33351					
US		US .			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
				•	05/17/1973
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26		•	59-1460470 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·····	\$8.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Žip	Country	Zip	Coun	itry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
5-5)	9. Name and Address of Current		-		10. Name and Address of New Registered Agent
	The state of the s	 		81 Name	
, KON	MROFF, PETER				·
8100 W OAKLAND PK BLVD		÷	82 Street A		t Address (P.O. Box Number is Not Acceptable)
SUNRISE FL 33351		•	H.	83	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
			ľ	00	
				84 City	85 Zip Code
now the first	Company of the Compan	9703 1 10 1			d corporation submits this statement for the purpose of changing its registered
SIGNATURE	am familiar with, and accept the obligat				a required when reinstating) DATE
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITL	E	Change ☐ Addition
NAME	KOMROFF, PETER		1.2 NAM	Æ	
STREET ADDRESS	AAOTO NIME COTTLE OT		1.3 STR	EET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL			-ST-ZiP	
TITLE	SD	☐ DELETE	2.1 TITL		☐ Change ☐ Addition
NAME	KOMROFF, BARBARA	<u></u>	2.2 NAM		
	AAATA MIMI AATII AT				, ,
STREET ADDRESS	I			EET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	C DOLLET		Y-ST-ZIP	[7] 04 [7] AJJIN
TITLE (O):	VPD	☐ DELETE	3.1 TITL		☐ Change ☐ Additi
NAME	KOMROFF, ELLIOT	•	3.2 NAV	Œ [
STREET ADDRESS	5424 NW 121ST AVE.	•	3.3 STR	EET ADDRESS	5 人名 医人名意思克尔 人名英格兰斯特尔 人名英格兰斯特尔斯特尔 人名英格兰斯特尔 人名英格兰斯特尔斯特尔 人名英格兰斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯
C/TY-ST-ZIP	CORAL SPRINGS FL		_	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE	VPD	☐ DELETE	4.1 TITL	E	at with the first the fir
NAME	KOMROFF, LAWRENCE	9	4. 2 NA	/IE	
STREET ADDRESS	I .	, sis*	4.3 STR	EET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	15	4.4 CITY	-ST-ZIP	
TITLE		☐ DELETE	5.1 TITL	E ·	☐ Change ☐ Addition
NAME			5.2 NAV	E -	
STREET ADDRESS	12-2-	•	5.3 STR	EET ADDRESS	
CITY-ST-ZIP	P		5.4 CITY	-ST-ZIP	The state of the s
TITLE	Collective of the collection	☐ DELETE	6.1 TITL	E '	Change Addition
NAME	[17578 G.M. TYPE M		62 NAM	F	_ · _

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier of a supplier of a supplier of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attainment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90061 006 ***150.00